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CONFIRMATION NO. 7256

<b>SERIAL NUMBER</b> 10/661,782	<b>FILING OR 371(c) DATE</b> 09/15/2003 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1648	<b>ATTORNEY DOCKET NO.</b> 04200001CB
<b>APPLICANTS</b> Marjorie L. Wier, Columbia, MD;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/059,573 04/14/1998 PAT 6,630,316 which is a CON of 08/928,392 09/12/1997 PAT 5,773,232				
<b>** FOREIGN APPLICATIONS *****</b> None <i>SBC</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 12/08/2003				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>SBC</i>		<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 16
Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 3		
<b>ADDRESS</b> 30743				
<b>TITLE</b> Methods for measurement of lymphocyte function				
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	